

MFP Stakeholder's Meeting Minutes

February 19, 2008

1pm to 4 pm

Pioneer Room, Judicial Wing, ND State Capitol, Bismarck

Documents Provided: Meeting PowerPoint Slide Show Handout, MFP Budget, and Operational Protocol (by E-mail)

Attendees:

Advocacy Groups/Consumers:

Helen Funk, ND DHS Aging Services, Ombudsman

Linda Wurtz, AARP

Bruce Murry, Protection and Advocacy

Peggy Shireley IPAT (Rep)

Leslie Stastny, NDAD

Jim Moench, ND Disabilities Advocates

Dianne Sheppard, ARC of ND Inc

Housing:

Mike Anderson, Housing Finance

Tom Alexander, MIG Housing Task Force

Mike Zainhofsky, Burleigh County Housing Authority

Care Providers:

Tammy Theurer, ND Association for Home Care

Diane Mortinson, Adult Services Community

Doug Wegh, Hettinger County Social Services

Centers for Independent Living:

Royce Schultze, Dakota Center for Independent Living

Randy Sorensen, Options Resource Center for IL

Steve Repnow, Independence Inc

Nate Aalgaard, Freedom Resource Center

Department of Human Services

Cheryl Wescott, Vocational Rehabilitation

Linda Wright, Aging Services

Vicci Pederson, Developmental Disabilities

Tess Frohlich, HCBS, Medical Services

Robin Hendrickson, Developmental Disabilities

Jake Reuter, MFP Grant Manager

1. Welcome was given by Jake Reuter, MFP Grant Manager. Committee Members introduced themselves and their interest in the MFP Grant
2. Meeting dates and purposes were reviewed. It was agreed that the next meeting would be held late August 2008 to review the transitions that have

been accomplished to date and in November to discuss issues that need to be addressed with the legislature. Will meet 2-4 times per year depending on need.

3. The meeting agenda was reviewed and revised to include discussion of Transition Coordinator qualifications and meeting dates
4. Letter from Larry Bernhardt, President of the ND County Directors Association, expressing concern about the qualifications outlined in the operational protocol for Transition Coordinators was reviewed. The four Center for Independent Living directors provided a summary of the federal guidelines used for hiring including recognizing the life experience of a person with a disability with the “weight of a degree”. In addition discussion of the CIL’s current staff noted that most staff currently holds a BS degree in social work or education at this time.

County representatives outlined concerns about the Transition Coordinators providing case management services similar to the services provided by HCBS Case Manager as HCBS Case Managers currently are required to hold licensure as a social worker. Specifically the “Lead Case Manager” role that has been discussed for the Transition Coordinator by the NF Transition Workgroup was reviewed in detail.

Past studies on case management outcomes by profession was briefly addressed with it noted that the best outcomes were recorded when a social worker and nurse worked together. It was noted that the CMS regulation do not require a social work degree for Case Management services.

The comparison study of other states that provide transition services was reviewed with the committee including the language from Texas that was used in the ND Operational Protocol. Adjustments to the current OP were made to clarify the education requirements. The Transition Coordinators will not be required to have a degree in social work or be licensed as social worker under this demonstration.

Concern about the Case Management Qualification that will be expected at the end of the demonstration period was identified by CIL Directors as a concern. If the state requires a social work degree and license for Transition Coordinators they may be unable to provide the service.

The work expected of the Transition Coordinators now under the Operational Protocol was noted to be more than previously anticipated by the CIL directors. Specifically the comprehensive nature of the assessment now required is more detailed than the ABC assessment process used at this time.

The transition process will be reevaluated throughout the demonstration period and can be adjusted or changed as needed with CMS MFP Office

approval. The demonstration process will identify areas of concern and adjustments that needed to be made in process and policy.

It was noted that we need a process that allows the Transition Coordination process or “delivery system” to be efficient and effective.

5. Rebalancing spending priorities were reviewed including Adult Family Foster Care Home Recruitment ,QSP recruitment and Training, Direct Service Professional Recruitment, Positive Behavior Supports Training for DD provider Staff and all care givers, Crisis Intervention Team Development-DD, Education-Community Members related to services available and financial planning.

The Committee noted as well that other priorities include:

- a) Address system changes of increasing Medically needy spending limits-This will be brought to the Legislature again by DHS
- b) Provide Non-Medical Transportation-
- c) Provide Dual Funding at the Developmental Center/Community providers during the transition process of the Center.
- d) Development of a united intake process that creates a universal intake tool, referral and financial intake forms-No Wrong Door (Cass County)
- e) The ADRC would address this issue but we may not get grant money to go forward. The Cass County SS office is currently working on this project-Could we use rebalancing money to fund this or similar processes?

Develop website that would allow consumers to enter information online with the goal of being provided with information about eligibility and services to meet their needs. One stop application system could be the result of this process

- f) Develop a State Housing Trust Fund- help create affordable housing with low interest loans etc. This could provide the financing to build affordable assisted living facilities. Mike Z. will provide additional information about this process. Mike A noted it will be addressed as at the Housing Conference being held this week. Needs to be a grass roots effort but supported by this and other groups interested in the development of affordable housing.
- g) Rent subsidies
- h) Guardianship education and recruitment
- i) Question was raised about nursing facilities providing Personal Care in the community-Questioned funding a “demonstration” with a nursing facility providing care to persons in the community.

Allocation process has been the primary barrier to NF providing “community services” such as meals etc-LTC association notes an application is at the DHS office about a project titled “Dream a little Dream”

- j) Improving the Transportation system to persons in the community
 - k) Training could be address in a more global basis instead of population specific as all care givers and population groups would benefit from similar training or recruitment processes.
 - l) Development of “Smart Homes”
 - m) Pay for IPAT Technology
 - n) Funding ADRC if not funded by congress/CMS
 - o) Pay for Life Line services for all MFP participants
 - p) Improve Meals on Wheels-Only 3 days of Meals under waiver
 - q) Medication administration-currently waiting for approval
 - r) QSP travel time especially in rural areas of the state was noted to be of concern.
6. Concern noted about loss of Case Management Services for persons that “no longer qualify for a waiver or other program-Consumer get lost when they lose Case Management follow-up.
 7. Goals, Case Study, and Benchmarks OP were reviewed including a review of benchmark two and five. Benchmarks will remain as in place. Case studies were approved as written. No other Changes to OP suggested
 8. Rebalancing fund was reviewed from MFP budget document. The priorities will be added to the Goals/benchmarks section of the protocol.
 9. Demonstration Implementation Policies and Procedures were reviewed for both NF and ICF/MR transitions. No changes were made to the OP as written
 10. Supplemental Service spending limits were increased to \$3,000 with acceptations reviewed on a case by case basis. No changes to OP on this were suggested.
 11. Nursing Call Service will be developed as a new Demonstration Service to address the requirement of 24 hour backup services. Contracting with a nursing services will include 24 hour phone access and use of resources developed by Planning team
 12. No changes suggested for the Organizational Administration OP
 13. MFP website was reviewed with address communicated. Information continues to be added and Operational Protocol/Attachments will be attached when completed
 14. Operational Protocol will be submitted this Friday or Next Monday the 25th at the latest.

15. Jake will set up next meetings for August 2008 and November 2008 in Bismarck.